

APPENDIX B

CLASS ROSTER AND DATA REQUEST FORM

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CLASS ROSTER AND DATA REQUEST

Evaluation of Preschool Special Education Practices Conducted on behalf of the United States Department of Education

As part of the study, we need to collect lists of all students enrolled in inclusive preschool classrooms at [School Name]. These lists will be used to prepare parent information and permission packets that we will ask teachers to distribute. We are requesting class lists for the following teachers who teach this school's inclusive preschool classrooms:

[Teacher 1 First Name] [Teacher 1 Last Name]

[Teacher 2 First Name] [Teacher 2 Last Name]

The class lists should reflect information as of [MONTH DAY YEAR], and include **all students enrolled in inclusive preschool classes taught by the teachers listed above**. Please **provide a separate class list for each distinct class** taught by each teacher.

For each student included in a class list, please provide his or her **student ID number, first name, last name, and birthday**. Please also indicate whether the student has an **individualized education program (IEP)** or is an **English language learner (ELL)**. You may generate your own lists containing this information or use the Class Roster Forms that accompany this data request. If generating your own lists, please provide the files in .xls, .csv, or .txt format. Please do *not* submit completed forms via email.

You can submit forms either by (1) returning the completed forms to the study team field representative that will be visiting your school on [DATE] or (2) uploading the data file to our secure file transfer website by [DATE]:

[link]

Your username is: [XXXX]

Password: Please call [XXXXXX] at [PHONE] (or the study team toll-free at 833-741-0984) for the website password.

This is a secure site that will protect the privacy of the requested data. If you have any questions about completing this data request, please contact [XXXXXX] at [PHONE], or a member of the study team at 833-741-0984 or EPSEP@mathematica-mpr.com.

Information collected for this study comes under the confidentiality and data protection requirements of the Institute of Education Sciences (The Education Sciences Reform Act of 2002, Title I, Part E, Section 183). Responses to this data collection will be used only for statistical purposes. The reports prepared for the study will summarize findings across the sample and will not associate responses with a specific district or individual. We will not provide information that identifies you or your district to anyone outside the study team, except as required by law.

Thank you for your time!

*****Please DO NOT email the student list file*****

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1850-0916. The time required to complete this information collection is estimated to average 60 minutes, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202. If you have comments or concerns regarding the content or the status of your individual submission of this form, write directly to: U.S. Department of Education, Institute of Education Sciences, 550 12th Street, SW, Washington, DC 20202.

[School Name]

School NCES ID: [XXXXXXXX]

[Teacher First Name] [Teacher Last Name]

Teacher's District ID: _____

Teacher MPRID: [XXXXXXXX]

Length of program day (circle one):

Number of Students in Class: _____

FULL DAY

PART DAY (MORNING)

PART DAY (AFTERNOON)

	STUDENT ID NUMBER	STUDENT FIRST NAME	STUDENT LAST NAME	BIRTHDAY (MM/DD/YY)	IEP (YES / NO)	ELL (YES / NO)
1.						
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[School Name]

School NCES ID: [XXXXXXXX]

[Teacher First Name] [Teacher Last Name]

Teacher's District ID: _____

Teacher MPRID: [XXXXXXXX]

Length of program day (circle one):

Number of Students in Class: _____

FULL DAY

PART DAY (MORNING)

PART DAY (AFTERNOON)

	STUDENT ID NUMBER	STUDENT FIRST NAME	STUDENT LAST NAME	BIRTHDAY (MM/DD/YY)	IEP (YES / NO)	ELL (YES / NO)
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